REMARKS

Claims 1-6, 8-19, and 21-26 are now pending in the above-captioned application.

The §101 and §103 rejections of the first Office Action have been withdrawn. A new §103 rejection has been raised.

REJECTION UNDER 35 U.S.C. §103

Claims 1-26 were rejected under 35 U.S.C. §103(b) as being anticipated by Joao in view of Mohlenbrock et al. Applicant respectfully traverses this rejection.

In order to be complete, an obviousness-type rejection must contain two elements:

1. The references, as combined, must show all the features of the claimed invention (all elements rule); and
2. A *proper* motivation to combine the references must be provided.

In this instance, neither element is present.

The §102 rejection in view of Joao has been withdrawn. Thus, the claims as presented are admitted as being distinguishable over the Joao reference. Applicant's previous comments concerning the Joao reference are repeated here.

The Office Action admits that Joao does not teach combining an compressing patient interview data into a health summary record comprising standardized codes indicating at least on or more of patient symptoms, patient treatments and patient condition, as set forth in claim 14. The Office Action claims that Mohlenbrock reference teaches this missing feature in Col. 5, lines 14-35. The cited portion of Mohlenbrock recites, in its entirety:

> In a preferred embodiment of the invention, **no further information about the patient and his or her condition is required**. **Hidden clinical information** is extracted by the resource estimating system from the ICD codes and other available input data in order to **make an estimate**. This input data is **combined by the computer according to a formula** (a linear equation, in a preferred embodiment) that includes a set of constants that exist in a static data base [sic] for each DRG included in the system. Variables of the formula can include, for example, the number of different ICD codes (particularly any secondary diagnosis codes) specified by the health provider to describe the condition of patient during a particular hospitalization, a sum of the Government weights for each of the DRGs into which the ICD codes (particularly the diagnosis codes) are mapped, and a sum of relative weights assigned to certain ICD codes that, when specified as secondary diagnosis, indicate a sicker patient than is communicated by the principle diagnosis code alone. (Mohlenbrock, Col. 5, lines 14-35, emphasis added)

Note that this cited portion of Mohlenbrock does not mention, teach, or even suggest generating a Health Summary Record as in the claimed invention. Rather, his system calculates the severity of a patient's illness and thereby provides an estimate of resource consumption from the Diagnostic Related Groups (a Federally mandated system for determining medical payments). Thus, the Mohlenbrock reference fails to correct the deficiencies of the Joao reference.

Moreover, there no teaching or suggestion of using Patient Interview Data to help create this Health Summary Record. Rather, Mohlenbrock does just the opposite ("no further information about the patient and his or her condition is required"). Thus, it is unclear how Mohlenbrock can teach or suggest this feature of claim 14.

Note that sinc Joao is directed toward processing healthcare information and Mohlenbrock is directed toward calculating costs of a diagnosis, it is unclear what motivation would be used to combine the two references.

Claims 1 and 14 have been amended to correct a typographical error in the previous amendment and to more clearly set forth that the medical reports are generated using patent interview and encounter data. In addition, claim 1 and 14 have been amended to more clearly set forth the essence of the present invention, which is to involve the patient, the doctor, and possibly the payer, in the management of the patient's problems. Only when the patient and the physician work from the same database, translated into a language they can both understand, can they work together for the benefit of the patient. This requires an understandable list of problems, procedures, and the like, as described in the Health Summary Record. The Health Summary Record thus allows the patient and physician to discuss problem-specific interventions – whether the interventions are procedural, educational, or other. Because the interventions are problem-specific, they can be developed from any problem-specific source, such as government and recognized college.

The references cited in the Office Action are directed toward interfacing with doctors and insurance carriers, not with patients. Moreover, the references cited do not teach the concept of generating a customized medical report based upon a common health summary record. As such, applicant submits that claimss14-19, 21, and 23-26 are distinguishable from both Joao and Mohlenbrock, alone or in combination.

Applicant noted that in the prior Office Action, the limitations of the dependent claims were not specifically addressed. In the present rejection, the Examiner has corrected this deficiency by addressing each claim. However, the references cited do not teach or suggest the claimed invention. The Examiner addressed these limitations with regard to the method claims and noted that the system claims contain parallel limitations.

For example, with regard to claims 2 and 15, which recite the limitation of a health risk score, Joao, Col. 17, lines 25-61 and Col. 25, lines 40-53 is recited as teaching this feature. The first cited portion of Joao recites a litany of information that can be included in the database 10H. Notably missing from this database is a health risk score. The second cited portion of Joao recites only the

generation of a diagnosis report. Again, no health score is generated. Thus, applicant submits that claim 15 is even further distinguishable over Joao and Mohlenbrock.

With regard to claims 3 and 16, Joao (Col. 25, lines 40-62) is cited at teaching assigning a disease management track by analyzing patient health summary records. Joao teaches only a diagnosis and "treatment report" which outlines and prescribes treatment. No disease management track is assigned.

With regard to claims 4 and 17, Joao does not teach or suggest creating custom medical reports for the physician and the patient. Moreover, the cited portions of Joao do not teach or suggest a medical recommendation program.

With regard to claims 5 and 18, Joao does not teach or suggest creating custom medical reports for the physician and the patient. Moreover, the cited portions of Joao do not teach or suggest a treatment recommendation program.

With regard to claims 6, and 19, the Health Summary Record thus allows the patient and physician to discuss problem-specific interventions – whether the interventions are procedural, educational, or other. Because the interventions are problem-specific, they can be developed from any problem-specific source, such as government and recognized college. The interventions may therefore be valid as opposed to those currently posted on the internet, which waste the time of the provider who tries to describe the discrepancies between internet postings and facts. The limitations of claims 6 and 19 recite provided educational materials to the patient. The portion of Joao cited in the office action describes only information for a doctor.

With regard to claims 8 and 21, these claims recite the limitation of the Patient Non-Compliance Report – a useful report for determining whether a patient has filled their prescription or not, or performed other tasks associated with a treatment program (e.g., physical therapy or the like). The cited

portions of Joao (Col. 27, lines 2-8 and Col. 16, lines 38-65 and Col. 34, lines 15-29) do not mention this feature anywhere, nor it is taught by Mohlenbrock. The last portion of Joao (Col. 34, lines 15-29) recite that a report may be made of an "event", but this teaching is so vague an indefinite as to be a non-teaching. The non-compliance report is a reporting of a non-event – the failure of a patient to perform a task in association with a treatment program. Thus, even assuming Joao's vague wording means anything at all, it clearly does not teach reporting of a non-event. Claims 8 and 21 have been placed into independent form, and applicant requests that the patentability of these claims be considered separately.

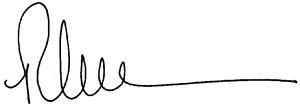
With regard to claims 9, 11, 12, 13, 24, 25, and 26, Joao does not teach or suggest generating custom reports for both doctors and patients based upon the Health Summary Record, as set forth in independent claims 1 and 14, as amended. These claims contain additional limitations regarding the formatting, content, and delivery of these reports, which, in combination with the limitations of the base claim, are not taught by the Prior Art of record.

CONCLUSION

The claims have been amended to more clearly distinguish the present invention from Joao and Mohlenbrock. In particular, claims 1 and 14 now include the limitation that multiple custom reports are generated for doctor, patient, and insurer from the Health Summary Record – each in a format corresponding to the intended user. Claims 8 and 21, which recite the unique medical non-compliance report of the present invention, have been placed into independent form and are separately patenable. As such, all of claims 1-6, 8-9, 11-19, 21-22, and 24-26 are now in condition for allowance.

An early Notice of Allowance is respectfully requested.

Respectfully submitted,



Robert P. Bell
Registration Number 34,546

Robert Platt Bell
Registered Patent Attorney
P.O. Box 13165
Jekyll Island, Georgia 31527

(703) 474-0757